Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

with the full list of names. Do not include addresses here.)

2021 NOV 17 PM 3:56 **CLERK** 

U.S. DISTRICT COURT

# UNITED STATES DISTRICT COURT

for the District of UTAH

Case: 4:21-cv-00111 Assigned To: Nuffer, David Assign. Date: 11/17/2021

|   | Division Division | Description: Poulson v. Cook et         |
|---|-------------------|---|
| Plaintiff(s)  (Write the full name of each plaintiff who is filing this complete  |                   | (to be filled in by the Clerk's Office) |
| If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additionable with the full list of names.)  Brad Cook, President Snaw College Compleye | ional ) ) ) )     | RECEIVED CLERK NOV 17 2021              |
| Defendant(s)  (Write the full name of each defendant who is being sued. If names of all the defendants cannot fit in the space above, ple write "see attached" in the space and attach an additional po         | the ) ase )       | U.S. DISTRICT COURT                     |

### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

# I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Address

Kermit Ty Poulson

10 N. 460 E

12 phraim UT 84627

City State Zip Code

County

Telephone Number

E-Mail Address

Kermit Poulson 17 @ 9 mail. Com

# B. The Defendant(s)

Defendant No. 1

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

| Defendant No. 1           |                                       |
|---------------------------|---------------------------------------|
| Name                      | Brad Cook                             |
| Job or Title (if known)   | President SNOW College                |
| Address                   | 150 S. College AVR                    |
|                           | Ephraim UT 84627 City State Zip Code  |
| County                    | Sangete                               |
| Telephone Number          | 1435 783 - 7200                       |
| E-Mail Address (if known) | Brad, cook@snow.edu                   |
|                           | Individual capacity Official capacity |
| Defendant No. 2           |                                       |
| Name                      | Derek Walk                            |
| Job or Title (if known)   | Snow college public Safety            |
| Address                   | 150 S. College Ave                    |
|                           | Ephrany UT 84627 State Zip Code       |
| County                    | Sanpete                               |
| Telephone Number          | (435) 283-7170, (435) 340-131)        |
| E-Mail Address (if known) | Derek, walk@snow, edd                 |
|                           | Individual capacity                   |
|                           |                                       |

П.

| Defe  | endant No. 3   |   |  |  |  |
|---|--|---|--|--|--|
| -   | Name   | STACI TOYLOT  |  |  |  |
|   | Job or Title (if known)  | Title ix coordinator  |  |  |  |
|   | Address  | 150 S. College Ave  |  |  |  |
|   |  | Ephraim, UT 84627 City State Zip Code   |  |  |  |
|   | County   | Sappete   |  |  |  |
|   | Telephone Number E-Mail Address (if known)   | (435) 283-7120  |  |  |  |
| ,   | L-wan Address (ij known)   | Smei. Tayro Cosnow. edu   |  |  |  |
|   |  | Individual capacity Official capacity   |  |  |  |
| Defe  | endant No. 4   |   |  |  |  |
|   | Name   | Barbara Dalene  |  |  |  |
|   | Job or Title (if known)  | ADVISEMENT STAFF  |  |  |  |
|   | Address  | 150 S. College Ave  |  |  |  |
|   |  | EPHYANN UT 84677 City State Zip Code  |  |  |  |
| ı   | County   | Sannete   |  |  |  |
|   | Telephone Number   | (435) 283 - 7309  |  |  |  |
|   | E-Mail Address (if known)  | Barbara, Dalene @ Snow. edu   |  |  |  |
|   |  | Individual capacity Official capacity   |  |  |  |
| Basis for Ju  | urta Atlanta   |   |  |  |  |
| Dasis for Ju  | ristriction  |   |  |  |  |
| immunities s  | ecured by the Constitution and [eau of Narcotics, 403 U.S. 388 (   | or local officials for the "deprivation of any rights, privileges, or federal laws]." Under <i>Bivens v. Six Unknown Named Agents of</i> (1971), you may sue federal officials for the violation of certain |  |  |  |
| A. Are  | you bringing suit against (check a   | ll that apply):   |  |  |  |
|   | Federal officials (a Bivens claim  | n)  |  |  |  |
|   | State or local officials (a § 1983   | claim)  |  |  |  |
| the C<br>feder  | the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials? |   |  |  |  |
| THE ADA BARS EMPLOYMENT AND EDUCATIONAL   |  |   |  |  |  |
| Discrimination Against "Qualified individuals with Disabilities", Title IT of the ADA Applies specifically to educational institutions,   |  |   |  |  |  |
| Speech  | cally to educe   | tronal institutions   |  |  |  |
| C. Plaintiffs suing under <i>Bivens</i> may only recover for the violation of certain constitutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) do you claim is/are being violated by federal officials? |  |   |  |  |  |
| Lyre  | quiring THEM   | M Maries advantage  |  |  |  |
| op Part   | Unines, extrac   | ro make educational Page 3 of 6<br>curricular Aenvities, AND Focilities   |  |  |  |

retaliation for The use of Freedom of speech, AND HATE crime; motive, snow college employées po NOT Want to let me Finish my Snow College Dagree By Erechna Discriminational, Likel, Slander, Peramation D. Section 1983 allows defendants to be found liable only when they have acted "under color of any

statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of

federal law. Attach additional pages if needed.

All have used my Bipolor Disorder, AND PARalysis ATSU ANTI-PASCIST TO Prevent me From entering snow college, AND F. m Being Statement of Claim Followed, And Questioned By Police Perek walk State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Where did the events giving rise to your claim(s) occur? Snow college Noyes Bldg, Ploor 3, office of Staci From Liam Herbert, Harassmert By Barbara
Palene, and others telling me F "can't 90 To college,"
B. What date and approximate time did the events giving rise to your claim(s) occur?

Oct 30, 2021, November 3, 2021 Afternoon, AFTUNOUN.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was Harassed By BorBorz Paleno, who to ID me that "retarded cripples" DONIT get into college, Ste SAID, "I'll See That YOU DONIT GET INTO Snow" THEN I was Harassed By Derek Walk, And officer CHRISTIANSON, APTU AUDIDIUNS, AND THEN, I RIED A title 14, AND STACITAYION Lied to officer Derek walk Claiming That I "make Bombs," I DONIT make BOMBS, THEN I WAS MORASSED BY DEEK WORK >

# IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

1. Mental Anguist, Depression, mental pain and Suffering, emotional Distress of intentional infliction of emotional Distress By Derck Walk, By Conduct outrageous Against The APA, AND the FI. Conduct By Snow College Staff Berbara Palene was intended to cause Severe emotional Distress, By now Fim in counseling, AND Phave B Counselor, AND PAM Suicipial a Cos, AND PAM Suicipial

## V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

THESE PEOPLE HAVE DISTUPTED MY routine of playing music, AND ADDED A HIGH Degree of PSYCHULOGICAL PAIN THAT IS MORE THAN ANGETY, ON WORY, I AM requesting \$250K in pain Any Suffering, in compensatory pamages For Libel, Slander, Defamation, AND Mental AND Psychological pamages,

### VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

# A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

|    | in the dismissal of my case. |               |                                       |          |
|----|------------------------------|---------------|---------------------------------------|----------|
|    | Date of signing:             | -7-7 RL       | 11/15/20                              | 2)       |
|    | Signature of Plaintiff       | K.77 C.       | l                                     |          |
|    | Printed Name of Plaintiff    | K. Ty Pu      | VISON                                 |          |
| В. | For Attorneys                |               |                                       |          |
|    | Date of signing:             | MAKAN         |                                       |          |
|    | Signature of Attorney        | THE THE       |                                       |          |
|    | Printed Name of Attorney     | 1 HU Lack Rul | 300                                   |          |
|    | Bar Number                   |               |                                       |          |
|    | Name of Law Firm             |               | · · · · · · · · · · · · · · · · · · · |          |
|    | Address                      |               |                                       |          |
|    |                              |               |                                       |          |
|    |                              | City          | State                                 | Zip Code |
|    | Telephone Number             |               |                                       |          |
|    | E-mail Address               |               |                                       |          |
|    |                              |               |                                       |          |